

## ASTHMA SELF-ADMINISTRATION FORM

Today's Date \_\_\_\_\_

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH CARE PROVIDER AUTHORIZATION

The above-named student is under my care. I feel it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times. The medication prescribed for this student is:

Name of Medication \_\_\_\_\_

Type of Medication (inhaler, tablet, etc) \_\_\_\_\_

Dosage \_\_\_\_\_

Possible Side affects \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_

Date \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION

☐ I authorize my child to carry and self-administer the medications described above consistent with Utah Code 53A-11-602.

☐ I do not authorize my child to carry and self-administer this medication. Please keep my child's medication with appropriate school personnel.

My child and I understand there are serious consequences, which may include suspension, for sharing any medications with others.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_